| · SCA | | | · | | PTO/SB/21 (08-03) #5 |
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | | 09/882,283 | 01-25-0 |
| | | Filing | Date , | June 14, 2001 | RECEIVED |
| | | First N | lamed Inventor | Chen, Xiaopeng | 1021 9 77 200/ |
| | | Art Unit | | 2631 | JAN & 1 LOOT |
| | | Exam | iner Name | Unassigned | Technology Center 2500 |
| Total Number of Pages in This Submission | | | ey Docket Number | 020945-001510U | |
| | ENC | LOSURE | S (Check all that appl | у) | |
| Fee Transmittal Form | ☐ Drawin | Drawing(s) | | After Allowance Communication to Group | |
| Fee Attached | Licensing-relat | | ed Papers | Appeal Communication to Board of Appeals and Interferences | |
| Amendment/Reply | Petitio | Petition | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | |
| After Final | | to Convert to a onal Application | | Proprietary Information | |
| Affidavits/declaration(s) | Power of Attorney, Revocation Change of Correspondence Address | | Status Letter | | |
| Extension of Time Request | ☐ Termir | nal Discla | imer | Other Enclosur | |
| Express Abandonment Request | Request for Refund CD, Number of CD(s) | | Return Postcard | | |
| | | | PTO Forms SB/08A and SB/08B | | |
| Information Disclosure Statement | | | | Copy of cited refere | ···· |
| Certified Copy of Priority Document(s) Remai | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | | |
| Response to Missing Parts/ Incomplete Application | <u>.</u> | | J | | · |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | · | | | | |
| | | | ICANT, ATTORNEY, | OR AGENT | |
| Firm Townsend and | | ind Crev | | | |
| Individual Ko-Fang Chang Reg. No. 50,829 | | | | | |
| Signature The Jane Chang | | | | | |
| Date 1/20/04 | | | | | |
| | CERTIFIC | ATE O | F TRANSMISSION/M | AILING | |
| I hereby certify that this correspondence is being as first class mail in an envelope addressed to: | facsimile trans Commissioner f | mitted to or Patents | the USPTO or deposited wit , P.O. Box 1450, Alexandria | h the United States Posta , VA 22313-1450 on the | al Service with sufficient postage date shown below. |
| Typed or printed name | | | · | | |
| Signature 01 | 1 | // | 1 springs | Date | 00 04 |

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Attorney Docket No.: 020945-001510US

Commissioner for Patents P.O. Box 1450

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TOWNSEND and TOWNSEND and CREW LLP

By: Edward Manuar

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JAN 2 7 2004

Technology Center 2600

In re application of:

Xiaopeng Chen et al.

Application No.: 09/882,283

Filed: June 14, 2001

For: METHOD FOR ITERATIVE AND NON-ITERATIVE DATA DETECTION USING REDUCED-STATE SOFT-INPUT/SOFT-OUTPUT ALGORITHMS FOR COMPLEXITY REDUCTION

Examiner: Unassigned

Art Unit: 2631

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37

CFR §1.97 and §1.98

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Xiaopeng Chen et al. Application No.: 09/882,283

Page 2

Applicant believes that <u>no fee is required</u> for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit

Respectfully submitted,

Ko-Fang Chang Reg. No. 50,829

TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, Eighth Floor San Francisco, California 94111-3834

any overpayment to, the above-noted Deposit Account.

Tel: 650-326-2400 Fax: 650-326-2422

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